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SERIAL NUMBER 10/691,123	FILING OR 371(c) DATE 10/22/2003 RULE	CLASS 530	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 24492-011
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APPLICANTS
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**** CONTINUING DATA *******
 This appln claims benefit of 60/420,399 10/22/2002 and claims benefit of 60/420,187 10/22/2002 *mmCG*
 and claims benefit of 60/428,100 11/21/2002 *mmCG*
 and claims benefit of 60/428,562 11/22/2002 *mmCG*

**** FOREIGN APPLICATIONS *******
NONE - mmCG

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 01/22/2004**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after <i>mmCG</i> Examiner's Signature Initials	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 110	INDEPENDENT CLAIMS 23
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ADDRESS
30623

TITLE
Treatment of diabetes

FILING FEE RECEIVED 5106	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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